

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISS FEE  
Commissioner for Patents

11-24-06  
P.O. Box 1450  
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or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless otherwise directed below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

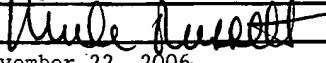
21874 7590 08/23/2006

EDWARDS & ANGELL, LLP  
P.O. BOX 55874  
BOSTON, MA 02205

11/27/2006 HGUTEMAR 00000015 041105 10698228

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 30.00 DA

CERTIFICATE OF EXPRESS MAILING  
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 756261757 US, on the date shown below in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Mark D. Russett		(Depositor's name)
		(Signature)
November 22, 2006		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/698,228	10/30/2003	Yusuke Nakamura	56801 DIV (46342)	7445

TITLE OF INVENTION: NOVEL PROTEIN AND DNA THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1,730	11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWOPE, SHERIDAN	1656	536-023200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Edwards Angell Palmer  
1 & Dodge LLP  
2 David G. Conlin  
3 Mark D. Russett

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Takeda Pharmaceutical Company Limited

Osaka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

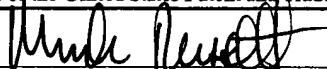
A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature



Date November 22, 2006

Typed or printed name Mark D. Russett

Registration No. 41,281

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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O I P E  
NOV 22 2006  
U.S. TRADEMARK OFFICE

**Effective on 12/08/2004.**  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**& FEE TRANSMITTAL**  
**For FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> <b>1,730.00</b>	<b>Attorney Docket No.</b>	<b>56801DIV(46342)</b>
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**Complete if Known**

Application Number	10/698,228-Conf. #7445
Filing Date	October 30, 2003
First Named Inventor	Yusuke Nakamura
Examiner Name	S. Swope
Art Unit	1656

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u>				Deposit Account Name: <u>Edwards Angell Palmer &amp; Dodge LLP</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Small Entity</b>	<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
				<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 31 =	x	=			
HP = highest number of total claims paid for, if greater than 20.					

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
				<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 4 =	x	=			
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

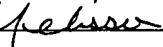
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1501 Utility issue fee	1,400.00
1504 Publication fee for early, voluntary, or normal ...	300.00
8001 Printed copy of patent w/o color	30.00

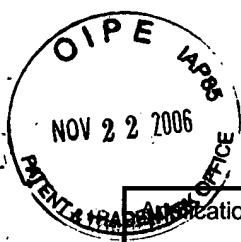
**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	41,281	Telephone	(617) 439-4444
Name (Print/Type)	Mark D. Russett			Date	November 22, 2006

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Dated: November 22, 2006

Signature:  (Melissa Altman)



NOV 22 2006

Application No. (if known): 10/698,228

Attorney Docket No.: 56801DIV(46342)

## Certificate of Express Mailing Under 37 CFR 1.10

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on November 22, 2006  
Date

Melissa Altman  
Signature

Melissa Altman

Typed or printed name of person signing Certificate

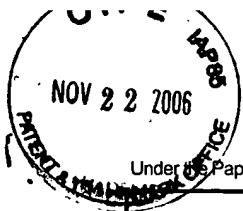
Registration Number, if applicable

(617) 439-4444

Telephone Number

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Transmittal Form (1 page)  
Fee Transmittal (1 page)  
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Charge \$1,730.00 to deposit account 04-1105



NOV 22 2006

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/698,228-Conf. #7445
		Filing Date	October 30, 2003
		First Named Inventor	Yusuke Nakamura
		Art Unit	1656
		Examiner Name	S. Swope
Total Number of Pages in This Submission		Attorney Docket Number	56801DIV(46342)

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard Issue Fee Transmittal (1 page) Certificate of Express Mailing (1 page)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Mark D. Russett		
Date	November 22, 2006	Reg. No.	41,281

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Dated: November 22, 2006

Signature: (Melissa Altman)